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Continued Audiana					COVENTAGE
Campaign Statement			Date Stamp	CALIFORNIA 46(	<sup>™</sup> 460
Cover Page	Statement covers period 09/23/2018	Date of election if applicable: (Month, Day, Year)		Page 1	of 21
	through 10/20/2018	11/06/2018		For Offici	For Official Use Only
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4	es - Complete Parts 1, 2, 3, and 4	2. Type of Statement:			
X Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure Committee	X Preelection Statement   Semi-annual Statement	Quarterly Special (	☐ Quarterly Statement ☐ Special Odd-Year Report	
Recall (Also Complete Part 5)	Controlled Sponsored	Termination Statement (Also file a Form 410 Termination)	on)		28 JAN 2019 PA 12:11
General Purpose Committee	(Also Complete Part b)	X Amendment (Explain Below)			
Sponsored Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Includes payment of \$1200 made to American General Media.	to American General Media		
Political Party/Central Committee					
3. Committee Information	I.D. NUMBER 1407086	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	IMITTEE)	NAME OF TREASURER			
Gloria Soto for Santa Maria City Council District 3 2018	District 3 2018	Monica Intaglietta			
		226 East Canon Perdido Street #D	Q		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA
818 Dante Drive		CODE/PHONE Santa Barbara, CA 93101		80	8057090595
CITY	STATE ZIP CODE	AREA NAME OF ASSISTANT TREASURER, IF ANY	ΑΝΥ		
CODEPHONE Santa Maria, CA 93458		Juan Pablo Anguiano			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	IR P.O. BOX	MAILING ADDRESS			
PO Box 5252		206 North Curryer Street			
CITY	STATE ZIP CODE	AREA CITY	STATE	ZIP CODE	AREA
CODE/PHONE Santa Maria, CA 93456		CODE/PHONE Santa Maria, CA 93458			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS			
monica@cicsb.com		monica@cicsb.com			

#### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and cornect.

Type of the door	01/25/2019	By Monica Inhaglietta
	DATE	Signature of Treasurer or Assistant reasurer
Executed on	01/25/2019	Gloria Soto
	DATE	Signature of Controlling Officeholder, Candidate, State Magsure-Rogonent or Responsible Officer of Sponsor
Executed on		
	DATE	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on		By
	DATE	Signature of Controlling Officeholder, Candidate, State Measure Proponent
		FPPC Form 46

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFOR FORM
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5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	ommittee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
Gloria Soto	11 14701 15	NOITOIDSIGNED OF ETTER	[	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLI	PLICABLE)			SUPPORT
City Council Member City of Santa Maria	3			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP			
818 W Dante Drive Santa Maria, CA 93458	٩ 93458	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ididate, or state measure proponent, if	if any.
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy	mittees ied to receive contributions	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD	ENT DISTRICT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER		Ŧ	'.    -
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee List na officeholder(s) or candidate(s) for which this committee is primarily formed.	nolder Committee List names of is committee is primarily formed.	
COMMITTEE ADDRESS (NO P.O. BOX)	(XC	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE Z	ZIP CODE AREA	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	UPPUSE SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	(xc	,		OPPOSE
CITY CODE/PHONE	ZIP CODE AREA			

SUMMARY PAGE 7 Calendar Year Summary for Candidates 8 8 7/1 to Date Running in Both the State Primary and **Expenditures Limit Summary for State** \*Amounts in this section may be different from amounts Total to Date Cumulative Expenditures Made\* (if Subject to Voluntary Expenditure Limit) ਰ CALIFORNIA FORM ന I.D. NUMBER Page \_ 1/1 through 6/30 8 8 **General Elections** Date of Election (mm/dd/yy) reported in Column B. 69 Statement covers period 09/23/2018 10/20/2018 Contributions Expenditures
 Made Candidates Received through only carry over the amounts previous period amounts. If amounts in Column A may should be subtracted from this is the first report being filed for this calendar year, from from Lines 2, 7, and 9 (if of your last report. Some amounts from Column B add amounts in Column be negative figures that To calculate Column B, A to the corresponding Column B
CALENDAR YEAR
TOTAL TO DATE 16,225.49 32,884.00 16,225,49 16,225.49 32,384.00 32,884.00 500.00 8 8 8 8 any). Amounts may be rounded to whole dollars. TOTAL THIS PERIOD (PROM ATTACHED SCHEDULES) 15,230.00 16,683.61 15,230.00 15,230.00 8,128.26 6,674.65 Column A 15,230.00 6,674.65 6,674.65 6,674.65 8 8 8 8 8 8 8 500.00 8 ø Add Lines 3 + 4 \$ 1. Monetary Contributions ...... Schedule A, Line 3 SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1+2 Schedule B, Line 2 Loans Received ......Schedule B, Line 3 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 Add Lines 12 + 13 + 14, then subtract Line 15 6. Payments Made ..... Schedule E, Line 4 7. Loans Made ......Schedule H, Line 3 SUBTOTAL CASH PAYMENTS.....Add Lines 6 + 7 11. TOTAL EXPENDITURES MADE.....Add Lines 8 + 9 + 10 9. Accrued Expenses (Unpaid Bills) ......schedule F, Line 3 10. Nonmonetary Adjustment ......schedule C, Line 3 See instructions on reverse TOTAL CONTRIBUTIONS RECEIVED. 17. LOAN GUARANTEES RECEIVED. Gloria Soto for Santa Maria City Council District 3 2018 If this is a termination statement, Line 16 must be zero. Cash Equivalents and Outstanding Debts Campaign Disclosure Statement **ENDING CASH BALANCE** Current Cash Statement Contributions Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER Cash Equivalents ..... **Expenditures Made** Summary Page

16.

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19. Outstanding Debts ...... Add Line 2 + Line 9 in Column B above

FPPC Form 460 (Jan/2016) FPPC Form 460 (Jan/2016) FPPC Advice: advice@ftppc.ca.gov (866/275-3772)

www.fppc.ca.gov

		1000	
NAME OF FILER		UN .Q.I	.D. NUMBER
Gloria Soto for Santa N	Gloria Soto for Santa Maria City Council District 3	2018	1407086
FORM	REFERENCE	NOTES	
CA 460	Cover		

Amounts may be rounded to whole dollars.

Statement covers period

**SCHEDULE A** 

CALIFORNIA 46 FORM Page — 09/23/2018 10/20/2018 through from

7 | | | | 1407086 4

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Gloria Soto for Santa Maria City Council District 3 2018

PER ELECTION TO DATE (IF REQUIRED)				
CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	100.00		2,000.00	
AMOUNT RECEIVED THIS PERIOD	100,00		2,000.00	
IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	Executive Director	First 5		
CONTRIBUTOR CODE	ON XI	SC TH	<u>N</u>	COM COTH SCC
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Georgette Sims Moten	540 S. San Marcos Ku Santa Barbara, CA 93111	Capitol Realty Investments	722 East Main Subset # 105 Santa Maria, CA 93454
DATE		09/23/2018		09/24/2018

Jill Dexter 901 Via Rosita

100.00		1,500.00			100.00	
100.00		1,500.00			100.00	
Retired	Retired				Health Education and Community	Planned Parenthood
IND COM PT OTH P		IND COM OTH COTH SCC		QN	OD OTH COM	
Jill Dexter	Santa Barbara, CA 93110	Democratic Women Of Santa Barbara County	sol via rosila Santa Barbara, CA 93110	ID: 743656	Katalina Navarro	Santa Paula, CA 93060
ه د	09/24/2018	0				

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

3,800.00

SUBTOTAL \$

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period 09/23/2018 10/20/2018 through from

\_ of \_21 1407086 Ŋ I.D. NUMBER Page —

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

2018
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District
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Santa
fo
Soto
Gloria

PER ELECTION TO DATE (IF REQUIRED)				
CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	100.00		100.00	
AMOUNT RECEIVED THIS PERIOD	100.00		100.00	
IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	Owner	HBS & Income Tax	Not employed	Not employed
CONTRIBUTOR CODE	ON! XX	M H ∠ S SC A H S	QN MI	SCC TH
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	Luis Felipe Hernandez	Santa Maria, CA 93458	Ronald Faas	Santa Maria, CA 93455-7520
DATE RECEIVED		10/03/2018		10/05/2018

IND COM OTH SCC	IND COM OTH SCC

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2,000.00

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Retired Retired

SCC PACE

Rosemary Remade

1091 Danni Court

10/08/2018

Nipomo, CA 93444

Central Coast Labor Council

816 Camarillo Springs Road

10/09/2018

Camarillo, CA 93012

ID: 890222

10/09/2018

SEIU Local 620 350 S Hope Ave

Santa Barbara, CA 93105 ID: 881199

SUBTOTAL \$

3,300.00

I.D. NUMBER		
Page 6 of 21	through 10/20/2018	
FORM <b>400</b>	from 09/23/2018	
CALIFORNIA A CO	Statement covers period	to whole dollars.
SCHEDULE A		Amounts may be rounded

PER ELECTION TO DATE (IF REQUIRED) 1407086 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 1,000.00 250.00 500,00 750.00 AMOUNT RECEIVED THIS PERIOD 1,000.00 250.00 250.00 250.00 IF INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF- EMPLOYED, ENTER
NAME OF BUSINESS) Leadership Development Leading From Within Retired CONTRIBUTOR CODE COM COM SCC DINCOM S ND COM FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Gloria Soto for Santa Maria City Council District 3 2018 United Domestic Workers of America Action Fund James Kyriaco for Goleta City Council Santa Barbara, CA 93103-1743 226 East Canon Perdido Street #D Das Williams for Supervisor Santa Barbara, CA 93101 Sacramento, CA 95814 Sacramento, CA 95815 555 Capitol Mall #400 1857 E Las Tunas Rd SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1787 Tribute Road Connie Ford ID: 1401816 ID: 1302384 D: 1376702 Ken Saxon DATE RECEIVED 10/10/2018 10/10/2018 10/09/2018 10/10/2018

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

250.00

250.00

Retired

M□□□□ SPT SS SPT SS

Santa Maria, CA 93454-1589

10/11/2018

1812 Berkeley Way

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

dollars. Statement covers period

SCHEDULE A

CALIFORNIA 46(
FORM

Page 7 of 21
I.D. NUMBER
1407086

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Gloria Soto fo	Gloria Soto for Santa Maria City Council District 3 2018					1407086
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2018	Neal Rabin 1012 Monte Drive Santa Barbara, CA 93110	M COM	Co-Founder Miramar Systems	250.00	250.00	
10/16/2018	James Diani 1320 Foxenwood Drive Santa Maria, CA 93455	N COM COM SCC	Construction A.J. Diani Construction Co	1,000.00	1,000.00	
10/16/2018	IBEW PAC Educational Fund 900 7th Street Northwest Washington, DC 20001 ID: C00027342	ON COM SCOOM SCOOM		1,000.00	1,000.00	
10/16/2018	Carolyn Randolph 425 Paso Robles Drive Santa Barbara, CA 93108	IND COM OTH SCC	Retired Retired	100.00	100.00	
10/17/2018	Eiva Chavez 156 Olive Street #7 Summerland, CA 93067	IND COM OTH SCC	VP of Health Center Operations Planned Parenthood	100.00	100.00	

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

2,450.00

SUBTOTAL \$

Schedule A Monetary Contributions Received

	Statement covers period CALIFORNIA	09/23/2018 FORM <b>400</b>	10/20/2018 Page 8 of 21	I.D. NUMBER
	Staten	from	through	
Children and the contract	to whole dollars.			

Gloria Soto for Santa Maria City Council District 3 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

PER ELECTION TO DATE (IF REQUIRED)					
CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	100.00	100.00	500.00	2,500.00	100.00
AMOUNT RECEIVED THIS PERIOD	100.00	100.00	800.00	2,500.00	100.00
IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	Retired Retired	Chief investigator SB County Public Defender	President Fielding	·	Regional Coordinator SEIU Local 721
CONTRIBUTOR	O C O C N C C C C C C C C C C C C C C C	SCC COM SCC CO	NUUUU Neer yo	IND IND OTH OTH SCC	MN DO COM YELD COM YELD COM YELD COTH YELD COT
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	Franca Lockard 3681 Les Maisons Dr Santa Maria, CA 93455-3016	Lawanda Lyons-Pruitt 1342 Leona Street Santa Maria, CA 93454	Katrina Rogers 4826 Via Los Santos Santa Barbara, CA 93111	Laborers Local 220 Political Action Committee 555 Capitol Mall #400 Sacramento, CA 95814 ID: 1237416	Liang Akemy Bon Flores 165 North 5th Street #110 Port Hueneme, CA 93041
DATE	10/17/2018	10/17/2018	10/17/2018	10/18/2018	10/20/2018

FPPC Form 460 (Jan/201	SUBTOTAL \$	3,300.00	
			EPPC Form 460 (Jan/2016) EPPC Advice advice@from ca nov (868/275-3772)

Amounts may be rounded to whole dollars.

SCHEDULE A CALIFORNIA ਰ တ FORM Page Statement covers period 09/23/2018 10/20/2018 through from

PER ELECTION TO DATE (IF REQUIRED) 7 1407086 I.D. NUMBER CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 8 8 AMOUNT RECEIVED THIS PERIOD IF INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF- EMPLOYED, ENTER
NAME OF BUSINESS) CONTRIBUTOR CODE □□⊠□□ SCC P T F SCC □□⊠□□ SCT H T T SCO FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Gloria Soto for Santa Maria City Council District 3 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER DATE RECEIVED

## Schedule A Summary

IND - Individual	COM - Recipient (
14,850.00	9
<ol> <li>Amount received this period - itemized monetary contributions.</li> </ol>	(Include all Schedule A subtotals.)

380.00 4 2. Amount received this period - unitemized monetary contributions of less than \$100 =

15,230.00 \_ TOTAL \$ I i I 1 (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)\_ 3. Total monetary contributions received this period.

OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee (other than PTY or SCC) OM - Recipient Committee

8

SUBTOTAL \$

\* Contributor Codes

Schedule B - Part 1 Loans Received

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE B - PART

CALIFORNIA FORM Page \_ 09/23/2018 10/20/2018 through from

7

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1407086

I.D. NUMBER

Gloria Soto for Santa Maria City Council District 3 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID (d) OUTSTANDING OR FORGIVEN BALANCE AT THIS PERIOD ** PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Gloria Soto	Planned Parenthood			□ PAID				CALENDAR YEAR
818 W Dante Drive Santa Maria, CA 93458	Regional Development			\$ 00	\$ 500.00	0.00 % RATE	\$ 500.00	\$ 500.00 PER ELECTION**
		\$ 500.00	900	00 \$		00.	07/20/2018	
*X IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	

## Schedule B Summary

8 တ (Total Column (b) plus unitemized loans of less than \$100.) 1. Loans received this period

8 s, 1 (Include loans paid by a third party that are also itemized on Schedule A.) (Total Column (c) plus loans under \$100 paid or forgiven) 2. Loans paid or forgiven this period

NET \$ 1 Enter the net here and on the Summary Page, Column A, Line 2 3. Net change this period. (Subtract Line 2 from Line 1.)

SCC - Small Contributor Committee OTH - Other (e.g., business entity) (other than PTY or SCC) COM - Recipient Committee PTY - Political Party IND - Individual

\* Contributor Codes

8 ₩ 500.00 છ 0.00 69 8 SUBTOTALS \$

(May be a negative number)

8

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\*Amounts forgiven or paid by another party also must be reported on Schedule A

\*\* If required.

(Enter (e) on Schedule E, Line 3)

Schedule E, Line 3) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B - Part 2 Loans Received

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2 7 ₫ CALIFORNIA Page 11 FORM Statement covers period 09/23/2018 10/20/2018 through from

BALANCE OUTSTANDING TO DATE 1407086 CALENDAR DATE PER ELECTION (IF REQUIRED) CUMULATIVE TO DATE I.D. NUMBER AMOUNT GUARANTEED THIS PERIOD LENDER DATE LOAN IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) CONTRIBUTOR CODE SCC SCC Gloria Soto for Santa Maria City Council District 3 2018 FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) SEE INSTRUCTIONS ON REVERSE. NAME OF FILER

SUBTOTAL

Enter on Summary Page. Line 17 only.

Schedule C Nonmonetary

Schedule C	O		Amounts may be rounded				SCHEDULE C
Nonmone	Nonmonetary Contributions Received		to whole dollars.	Stal	Statement covers period 09/23/2018	CALIFORNIA 46(	<b>^460</b>
				4	10/20/2018	Dana 12 of	21
SEE INSTRUCT	ONS ON BEVERSE					282	
NAME OF FILER	NAME OF FILER					I.D. NUMBER	
Gloria Soto fi	Gloria Soto for Santa Maria City Council District 3 2018					1407086	980
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR	PER ELECTION TO DATE (IF REQUIRED)
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IND - Individual COM - Recipient Committee	(other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party	SCC - Small Contributor Committee
\$	\$	TOTAL \$
1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.)	2. Amount received this period - unitemized nonmonetary contributions of less than \$100	3. Total nonmonetary contributions received this period. (add Lines 4 and 10.)

SUBTOTAL \$

\* Contributor Codes

SCHEDULE D PER ELECTION TO DATE (IF REQUIRED) 7 CALIFORNIA ♂ 5 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) I.D. NUMBER Page \_\_ 1407086 Statement covers period 09/23/2018 10/20/2018 AMOUNT THIS PERIOD through from DESCRIPTION (IF REQUIRED) Amounts may be rounded to whole dollars. TYPE OF PAYMENT Nonmonetary Contribution Independent Expenditure Monetary Contribution NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE Gloria Soto for Santa Maria City Council District 3 2018 Oppose Candidates, Measures, and Committees Supporting/Opposing Other Support Summary of Expenditures Schedule D NAME OF FILER DATE

## SCHEDULE D SUMMARY

tures made this period. (Include all Schedule	00:	90.
	itributions and independent expenditures made thi	2 Unitamized contributions and independent expenditures made this period of under \$100

8

8

TOTAL \$ 1 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)

↔

SUBTOTAL

FPPC Form 460 (Jan/2016) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Payments Made Schedule E

Amounts may be rounded to whole dollars.

SCHEDULE E

7 ð CALIFORNIA 4 FORM Page \_ Statement covers period 09/23/2018 10/20/2018 through from

1407086 I.D. NUMBER Gloria Soto for Santa Maria City Council District 3 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MTG meetings and appearances MBR member communications PET petition circulating OFC office expenses CTB contribution (explain nonmonetary)\* CMP campaign paraphernalia/misc. CNS campaign consultants FIL candidate filing/ballot fees

POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads PHO phone banks IND independent expenditure supporting/opposing others (explain)\* LEG legal defense

LIT campaign literature and mailings

FND fundraising events CVC civic donations

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TRS transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Emerald Wave Media 718 East Chapel Street Santa Maria, CA 93454	cvc		150.00
Lowe's 935 E. Betteravia Road Santa Maria, CA 93454	OFC		30.21
Lowe's 935 E. Betteravia Road Santa Maria, CA 93454	OFC		19.41
Lowe's 935 E. Betteravia Road Santa Maria, CA 93454	OFC		116.92
<ul> <li>Payments that are contributions or independent expenditures must also be summarized or</li> </ul>	zed on Schedule D.	SUBTOTAL \$	316.54

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Payments Made Schedule E

Amounts may be rounded to whole dollars.

SCHEDULE E

CALIEDRNIA A Statement covers period

		09/23/2018	67EI ON 1460
		10/20/2018 through	Page 15 of 21
SEE INSTRUCTIONS ON REVERSE			
NAME OF FILER Gloria Soto for Santa Maria City Council District 3 2018			1.D. NUMBER 1407086
CODES: If one of the following codes accurately describes the	e payment, you may enter t	the payment, you may enter the code. Otherwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL candidate filing/b	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same cand VOT voter registration WEB information technology costs (internet, e-mail)	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United Way Of Northern SB County 1660 South Broadway #201 Santa Maria, CA 93454	cvc		200,00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		100,00
First Data 5565 Glenridge Connector NE Suite 2000 Atlanta, GA 30342	OFC		203.22
Allan Hancock College 800 South College Drive H102 Santa Maria, CA 93454	111		374.53

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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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877.75

SUBTOTAL \$

Schedule E Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E 7 CALIEDDNIA Statement covers period

ayllions made		ひとしてつ
	from 09/23/2018	FORM
	10/20/2018	Page 16 of
SEE INSTRUCTIONS ON REVERSE		,
NAME OF FILER		I.D. NUMBER
Gloria Soto for Santa Maria City Council District 3 2018		1407086
On the setting of the market of the market with market the market	tagaine the payment	

Gloria Soto for Santa Maria City Council District 3 2018					1407086
CODES: If one of the following codes accurately describes th	e payment, you	ie payment, you may enter the code. Otherwise, describe the payment.	se, describe the payment.		
CMP campaign paraphernalia/misc.  CNS campaign consultants  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FL candidate filing/ballot fees  FL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  POL INT campaign literature and mailings  PRT	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and mess PRO professional services (legal	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	on costs coduction costs and meals d, and meals es of the sam sts (internet,	s le candidate/sponsor e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIF	DESCRIPTION OF PAYMENT		AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	CNS				1,125.00
Mail Manager 5124 Raiston Street Ventura, CA 93003	LIT				612.91
American General Media 2325 Skyway Drive Suite J Santa Maria, CA 93455	TEL				1,200.00
Ktas Telemundo 330 Carmen Lane Santa Maria, CA 93458	TEL				1,200.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	d on Schedule D.		\$UBTOTAL \$	\$	4,137.91

Payments Made Schedule E

Amounts may be rounded to whole dollars.

SCHEDULE

♂ CALIFORNIA 17 Page \_\_ Statement covers period 09/23/2018 10/20/2018 from

Gloria Soto for Santa Maria City Council District 3 2018

through

7

1407086 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MTG meetings and appearances MBR member communications

petition circulating OFC office expenses PET petition circulatin

PHO phone banks POL polling and survey research POS | PRO PRT I

IND independent expenditure supporting/opposing others (explain)\*

LIT campaign literature and mailings

LEG legal defense

CTB contribution (explain nonmonetary)\*

FIL candidate filing/ballot fees

FND fundraising events CVC civic donations

CMP campaign paraphernalia/misc.

CNS campaign consultants

postage, delivery and messenger services

professional services (legal, accounting)

print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TRS transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

AMOUNT PAID	566.50
OR DESCRIPTION OF PAYMENT	Digital Advertising
CODE OR	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Hustle, Inc 343 Sansome Street #600 San Francisco, CA 94104

### Schedule E Summary

5,898.70 4 

775.95

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8 မ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\_\_\_

1

2. Unitemized payments made this period of under \$100 \_\_\_\_

6,674.65 S TOTAL I 1 1 1 Į. 1 1 1 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)...

566.50 **SUBTOTAL \$** \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

#### Schedule F Acc

Schedule F	Amounts may be rounded	3	SCHEDULE F
Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period	CALIFORNIA A CO
		from 09/23/2018	FORM <b>400</b>
		10/20/2018	Page 18 of 21
SEE INSTRUCTIONS ON REVERSE			
NAME OF FILER			I.D. NUMBER
Gloria Soto for Santa Maria City Council District 3 2018			1407086
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	cribes the payment, you may enter the code. O	therwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs	duction costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	laries

scribe the payment.  RAD radio airtime and production costs  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airtime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TRS staff/spouse travel.  TRS transfer between committees of the same candidate/sponsor  VOT voter registration  WEB information technology costs (internet, e-mail)	(c) (d) (d) AMOUNT PAID THIS PERIOD (ALSO CLOSE OF THIS PERIOD (REPORT ON E)	
se, describe the payment. RAD radio airime and proding RFD returned contributions SAL campaign workers' salt TEL t.v. or cable airime and TRC candidate travel, lodging TRS staffispouse travel, lodd TSF transfer between comnot vot voter registration WEB information technology.	(b) AMOUNT INCURRED THIS PERIOD	
MBR member communications MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRD professional services (legal, accounting) WEB information technol	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	
NBR member communications MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and mess PRO professional services (legal,	CODE OR DESCRIPTION OF PAYMENT	
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. CNS campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	

# SCHEDULE F SUMMARY

C	00:	
	INCURRED TOTALS \$_	
1. Total accrued expenses incurred this period. (include all ociredule 1, column (b) subtotals for	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	1 1 1 1 1 1 1	NET	\$
* Payments that are contributions or independent expenditures must also be SUBTOTALS \$ \$	₩	€	φ.

Payments Made by an Agent or Independent Schedule G

Amounts may be rounded to whole dollars.

SCHEDULE G

7 CALIFORNIA ਰ 1407086 19 LD. NUMBER Page \_ Statement covers period 09/23/2018 10/20/2018 through from

> Gloria Soto for Santa Maria City Council District 3 2018 Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications MTG meetings and appearances OFC office expenses CTB contribution (explain nonmonetary)\* CMP campaign paraphernalia/misc. CNS campaign consultants

POS postage, delivery and messenger services POL polling and survey research PET petition circulating PHO phone banks IND independent expenditure supporting/opposing others (explain)\*

PRO professional services (legal, accounting) print ads

LIT campaign literature and mailings

LEG legal defense

FIL candidate filing/ballot fees

FND fundraising events CVC civic donations

TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)

SAL campaign workers' salaries TEL tv. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

RAD radio airtime and production costs RFD returned contributions

AMOUNT PAID DESCRIPTION OF PAYMENT R CODE NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

\*\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E:

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Loans Made to Others\* Schedule H

Amounts may be rounded to whole dollars.

SCHEDULE H 7 ₽ CALIFORNIA 20 FORM I.D. NUMBER Page \_ Statement covers period 09/23/2018 10/20/2018 through from

(g) CUMULATIVE LOANS TO DATE

(f) ORIGINAL AMOUNT OF LOAN

(e) INTEREST RECEIVED

1407086

PER ELECTION\*\*

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RATE

FORGIVEN

DATE INCURRED

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DATE DUE

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CALENDAR YEAR

(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ÷ (c) REPAYMENT OR FORGIVENESS THIS PERIOD \* PAID П & l (b) AMOUNT LOANED THIS PERIOD (a) OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD IF INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF- EMPLOYED, ENTER
NAME OF BUSINESS) Gloria Soto for Santa Maria City Council District 3 2018 FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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SUBTOTALS

summarized on Schedule D. Loans forgiven must also be reported on Schedule E \*Loans that are contributions to another candidate or committee must also be

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Miscellaneous Increases to Cash Schedule I

Amounts may be rounded to whole dollars.

SCHEDULE 7 AMOUNT OF INCREASE TO CASH <u>्</u> CALIFORNIA 1407086 7 Page \_\_ I.D. NUMBER Statement covers period 09/23/2018 10/20/2018 DESCRIPTION OF RECEIPT through from

FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DATE RECEIVED

Gloria Soto for Santa Maria City Council District 3 2018

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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8 ↔ 2. Unitemized increases to cash of under \$100 this period. — — — — — — — 1. Itemized increases to cash this period. -----

8

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8 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) =

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SUBTOTAL \$

8

TOTAL \$

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Summary Page, Line 14.) \_ \_ \_